

PART B - FEE(S) TRANSMITTAL

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7566

07/09/2009

David S. Renick
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/521,232	08/08/2005	Stuart Thomas Caldwell	740789-56330	8751

TITLE OF INVENTION: FLAVONOID COMPOUNDS AS THERAPEUTIC ANTIOXIDANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	10/09/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
COVINGTON, RAYMOND K		1625	514-455000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 NIXON PEABODY LLP

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3. ASSIGNEE: NAME AND RESIDENT; DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ANTOXIS LIMITED

Aberdeen, Scotland

Please check the appropriate assignee category or categories (which will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order # of Copies 10

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500850 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Tari W. Mills/

Date August 28, 2009

Typed or printed name Tari W. Mills

Registration No. 61,593

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